

# P.O. BOX



Update on the Happenings of CMS's Managed Care Systems and Support Operations

Division of Enrollment and Payment Operations, HPBG, CBC – Centers for Medicare & Medicaid Services (formerly, HCFA)

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## ALERT---ALERT CWF Host Site Change

A change has occurred shifting the Mid Atlantic host site to South Carolina. The consequence of this shift is that the Mid Atlantic is now under the Southwest host site. Users should use #79 for Product code selection (A70PCMA) and the password for the first time will be NEW1PASS.

Any problems or concerns please contact Sherri Smith of the Southwest host site at (469) 372-7349.

## YEAR 2003 GHP MONTHLY SCHEDULE

The Year 2003 GHP monthly schedule can be found at the following website address: <http://www.cms.hhs.gov/healthplans/systems/> and clicking on Monthly Schedule link.

## “RETRO-PROCESSING” CONTRACT AWARDED

IntegriGuard was awarded the contract to process M+CO's retroactive adjustments. The phase in of the Health Status' processing began on October 7, 2002 with State and County Code and Institutional. A letter has been sent to all M+COs including the dates for the remaining types of adjustment transition dates and the Standard Operating Procedures for requesting retroactive adjustments.

IntegriGuard is using the streamlined process described in Attachment B of the letter dated October 7, 2002, which does not require that M+COs submit the supporting documentation with the request for the retroactive adjustments.

This process requires that you maintain the supporting documentation required in the SOP at your location. IntegriGuard will be doing "Probe Studies" to ensure that M+COs maintain the required

## FYI

**NEW DIVISION:** Our new name is the Division of Enrollment and Payment Operations (DEPO). The Division of Program Accountability and Payment is now the Division of Health Plan Accountability.

data. So long as the required information can be provided to IntegriGuard when it is requested as part of the Probe study, the M+CO will continue to use the streamlined process.

Look for update information soon.

### **IS YOUR MEDICARE MEMBERSHIP ENROLLED WITH THE CORRECT PBP?**

CMS is now tracking your members at the plan benefit package (PBP) level. Over the last few months, you have been submitting transactions to correct or change the PBP #s of your members. As we prepare to move into 2003, it is IMPORTANT that the correct PBP# be recorded in the managed care system. MCOs have until 12/10/2002 to submit transaction type 71s to update PBP#s. If you fail to do this, you could lose members to fee-for-service or be paid at the wrong rate for beneficiaries that have elected hospice coverage.

If a PBP offered by your MCO is being discontinued, a PBP election transaction must be submitted to CMS to move the member to another PBP or the system will disenroll him from your organization. This is because all beneficiaries in an M+CO must be associated with an active PBP.

Similarly, if a hospice member is associated with an incorrect PBP, and your M+CO has multiple PBPs with multiple hospice rates, you could be paid at the wrong rate.

These situations will occur beginning with January 1, 2003 payment. All corrections and changes must be submitted by 12/10/2002.

### **MBD SOFTWARE DISTRIBUTION**

The Division of Enrollment and Payment Operations (DEPO) has begun efforts to distribute the software for connectivity to the Medicare Beneficiary Database (MBD). DEPO has received CMS access forms from some MCOs, but not all. The user access and software distribution for the MBD will be distributed by the DEPO's central office technical support staff. DEPO is anticipating the roll out of the MBD connectivity software the first week of November 2002.

The software will be distributed to users that have already submitted access forms and have elected MBD access prior to October 2002. Any CMS access forms submitted after October 2002 will be handled by the DEPO technical support staff on a first come first serve basis.

To gain access to the MBD, please fill out an "APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS". Fill out Sections 1 and 2 appropriately. Under Section 3 (APPLICATIONS, please state 'MBD' as the application.

NOTE: Section 1 (TYPE OF REQUEST) mark 'Change'. In Section 5 – DO NOT FILL OUT, PLEASE LEAVE BLANK!

Please contact the Central Office Regional Health Insurance Specialist for your MCO to gain more information on the MBD and access form mailing instructions.

### **HIGHLIGHTS: 2002 MANAGED CARE ENROLLMENT AND PAYMENT CONFERENCE**

The annual *Medicare Managed Care Enrollment and Payment* conference was held on September 11<sup>th</sup> – 13<sup>th</sup>, 2002. As a departure from previous conferences, this year's conference was held in two separate sessions. First, a basic training session was held at CMS headquarters on September 11<sup>th</sup>, 2002. The general session was held on September 12<sup>th</sup> -13<sup>th</sup> at the

Wyndham Inner Harbor hotel in Baltimore, Maryland.

The basic training session was specifically designed for new or inexperienced staff and actually provided training, by the DEPO staff, on accessing the managed care systems and interpreting reports. Roundtrip transportation from the Wyndham hotel to CMS facilities was provided for the trainees. The main conference, held on September 12<sup>th</sup> and 13<sup>th</sup> was dedicated to annual program developments and updates plus subject matter working sessions.

Approximately 350 participants attended the general session, and 150 attended the basic training. This year's conference featured two keynote speakers, one from the healthcare industry, Mr. Christy Bell, and our own Deputy Director for Health Plans, Ms. Jennifer Boulanger. Also, a special presentation was given by CMS' own security expert--the Cyber Tyger. A complimentary lunch was served.

Plans for next year's conference are under way. The 2003 conference is scheduled for September 18<sup>th</sup> and 19<sup>th</sup>, 2003 at the Wyndham Inner Harbor hotel in Baltimore, Maryland. As more information becomes available, it will be posted on our web page:

<http://www.cms.hhs.gov/healthplans/systems/>.

## **WORKING AGED PROCESS: DEFAULT DATE CLARIFICATION**

What default date can be used in WA transactions if the M+CO has exhausted all avenues of investigation to determine when the beneficiary's effective date of commercial coverage has ended and Medicare is primary payer?

CMS has made a decision to revisit this issue and will inform your organization of the policy established, once a final decision is made. In the interim, For WA surveys done in 2001 or thereafter, follow the instructions as stated below.

Forward the case file to the COB contractor along with CWF referral form. The case file should contain any and all development information received (e.g., copies of responses, notes) pertinent to the CWF request. In addition, the MCO may support its position by adding comments to the "comments" field on the CWF referral form. These instructions appear in the Managed Care Organization section of the COB instructions letter entitled, "Updating Working Aged Process – Coordination

of Benefits (COB) contractor -  
- Effective January 1, 2001.

For WA surveys done prior to 2001, we recommend that you continue to the date the member enrolled in your MCO.

**Please note that exhausting all avenues of investigation mean, "Developing with all parties (e.g., beneficiary, employer, third party payer) and documenting contacts/findings for more information regarding retirement date or termination date of other coverage".**

## **RECONCILIATION OF 2001 RISK ADJUSTMENT PAYMENTS NOW COMPLETE**

The reconciliation of CY2001 risk adjustment payments has now been completed. Approximately \$23.6M was paid to 180 M+COs on September 1. Payment amounts ranged from \$3.9M to -\$2,500. The risk adjustment factors for almost 200,000 members were updated.

Some additional payments were made to some M+COs on October 1. These were related to the factors for members that died prior to the date that the



reconciliation was performed. As a result of this, a total of \$2.3M was paid to 169 M+COs. Payment amounts ranged from \$197,000 to - \$186. Some additional adjustments may filter through in the November 1 payment.

## **REMINDERS: ACCESS FORM TO CMS COMPUTER SYSTEMS**

### **Section 5**

When submitting the user access form to CMS, please do not complete Section 5. CMS employees are the only signatures needed for this section.

Refer to the **Signature Chart** titled – **Required Signatures for Access to CMS Computer Systems** (included as the last page in the packet along with your form, and instructions for completing the Access form.

### **Email Address**

Also, CMS requires that an email address be included on the user access form. If you do not have an email address please supply us with your supervisor's. We are going to use the email address to send to our new users our web site address and the accounting code information. Previously, CMS was sending new Managed Care Users a letter stating this information. The letter will no longer be sent out

as we are going to distribute this information via email.

### **DELETE vs. CHANGE**

If an employee **no longer** works for your organization and had access to the Managed Care systems please submit a CMS User access form and mark **DELETE** in section 1. Please include the User's name, User's Id, User's Social Security number and organization name. Marking **DELETE** will delete the **entire User Id**. No signature is required for a deletion. If an employee needs to add or remove an application from their User Id, the User must mark **CHANGE**. When the **CHANGE** is for an application to be deleted please add a note in Section 4. A **CHANGE** will only add or remove the application but keep the User Id active with CMS.